

Case Number:	CM15-0126851		
Date Assigned:	07/13/2015	Date of Injury:	02/27/2012
Decision Date:	08/24/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old female sustained an industrial injury on 2/27/12. She subsequently reported knee pain. Diagnoses include lumbar intervertebral disc syndrome and sprain and strain of the hand. Treatments to date include MRI testing, knee surgery, physical therapy and prescription pain medications. The injured worker continues to experience left knee pain, stiffness and swelling. Upon examination, there was decreased knee range of motion. Tenderness to palpation of the medial and lateral joint line was noted. Crepitus was noted. A request for Left Knee Synvisc One Injection was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left Knee Synvisc One Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hyaluronic acid injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG recommends hyaluronic acid injections for the treatment of moderate to severe osteoarthritis of the knee when conservative therapy treatments have failed. The patient does not have a documented diagnosis of osteoarthritis of the knee or failure of conservative knee treatment. Therefore the request is not medically necessary.